



Non-Residential Construction Permit Application Checklist

This application is required for issuance of non-residential building permits. Please complete all areas of this application that apply to your type of construction. This checklist provides a list of the required documents for the issuance of a residential building permit.

Application and Related Documents

Yes No N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plan Review Approval. (Prior to issuance of the building permit, two sets of plans must be submitted to the building department for review and approval. This is generally a two to four week process. The building permit cannot be issued until plans have been approved. A review fee will be added at time of permit issuance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of WVWA (Western Virginia Water Authority) connection fee payments on parcels where WVWA services are available. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completed Permit Application |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Land Use Permit (when applicable) obtained from Planning & Community Development 540-483-3027. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of Ownership (if not in property records) or letter from property owner* |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Notarized form required for new structures and demolition permits if anyone other than the landowner is applying for the permit . |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health Department construction permit for septic and/or well. Private septic systems require letter from appropriate agency (when applicable). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Zoning approval will be required for construction located in the Town of Rocky Mount or in the Town of Boones Mill. |

***NOTE:** Property ownership, as verified through Franklin County Real Estate Tax Records, will reflect the permit holder. If the permit is to be issued in another name, a written letter from the existing property owner(s) giving permission for the specific structure on the property is required. The Real Estate Tax Identification number, subdivision name and lot number (if applicable) for the property is to be included in this letter. This statement is to be signed and dated by **all** property owner(s) – original signatures are required

Fees must be paid when building permit is issued. Acceptable methods of payment include check or cash. We do not accept credit or debit cards for payment at this time.

County of Franklin – Building Inspections Office

120 East Court St., Rocky Mount, VA 24151

Phone: 540-483-3047; Fax 540-483-6665

Office Hours: Monday-Friday 8:00 A.M. - 4:30 P.M.



Franklin County

Department of Building Inspections
120 East Court St., Rocky Mount, VA 24151
Phone (540)483-3047; Fax (540)483-6665

(Office Use Only)

Application # _____

Date of Application _____

NON-RESIDENTIAL PERMIT APPLICATION

TYPE OF WORK

☐ NEW CONSTRUCTION

☐ MECHANICAL

☐ REPAIR/REPLACEMENT

☐ ADDITION

☐ DEMOLITION

☐ ELECTRIC (Circle) New or Upgrade

☐ ALTERATION*

Estimated Value/Cost \$ _____

*For Alterations Permits, Please See "Frequently Asked Questions" Regarding Items That May Be Deducted From The Estimated Value Of The Job

CATEGORY OF CONSTRUCTION

Building Primary Use _____

Building Secondary Use _____

Accessory Building? Type _____

Accessory Structure (describe) _____

Other (describe) _____

SCOPE OF WORK (Describe work briefly, but thoroughly)

JOB SITE INFORMATION

Job Address _____

City/State/Zip _____

Subdivision _____ Lot # _____ Tract # _____ Section # _____

Tax Map/Parcel # _____

Directions to Job Site from Rocky Mount: _____

PROPERTY OWNER INFORMATION

Name _____

Mailing Address _____

City/State/Zip _____

Phone # _____ Cell # _____

APPLICANT (If Other Than Owner Applies For Permit)

Name _____

Mailing Address _____

City/State/Zip _____

Phone # _____ Cell # _____ Fax # _____

E-mail address _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

NEW CONSTRUCTION/ADDITIONS

(Check Applicable Areas For Each That Applies To Your Construction)

FOUNDATION MATERIAL

- ☐ Concrete
☐ Block
☐ ICF
☐ Other _____

EXTERIOR MATERIAL

- ☐ Vinyl
☐ Brick
☐ Masonry
☐ Wood
☐ Steel
☐ Other _____

HEATING SOURCE

- ☐ Heat Pump
☐ Hot Water
☐ Gas
☐ Oil
☐ Electric
☐ Other _____

ANY GAS APPLIANCES

- ☐ No
☐ Yes

FOUNDATION TYPE

- ☐ Basement
☐ Crawl
☐ Slab
☐ Column/Pier

INTERIOR MATERIAL

- ☐ Sheetrock
☐ Plaster
☐ Logs
☐ Tile
☐ Panel
☐ Other _____

FIREPLACES

- ☐ No
☐ Yes
If Yes, How Many? ____
If Yes, What Type?
☐ Masonry
☐ Metal

RETAINING WALL

- ☐ No
☐ Yes
☐ Attached
☐ Detached

FRAMING MATERIAL

- ☐ Wood
☐ Metal
☐ Other _____

ROOFING TYPE

- ☐ Shingle
☐ Metal
☐ Shakes
☐ Flat Roof
☐ Other _____

FLUES

- ☐ No
☐ Yes
If Yes, How Many? ____
If Yes, What Type?
☐ Masonry
☐ Metal

PLUMBING

- Rough-In Only for
Future Bath*
☐ Yes
☐ No

TOTAL # OF ROOMS _____ #FULL BATHS _____ #HALF BATHS _____

TOTAL # OF STORIES (above grade) _____ # OF UNITS _____

MAXIMUM # OF OCCUPANTS (employees & customers) _____

ELECTRIC

AMPS _____ Circle One NEW SERVICE UPGRADE RECONNECT
AEP Work Order # _____ Call 1-800-956-4237 to apply for service.
(Work Order # required to schedule inspection.)

WATER & SEWER

WATER SOURCE ☐ Individual/Private ☐ Municipal/Public
SEWAGE ☐ Individual/Private ☐ Municipal/Public
Water/Sewage/Well/Septic# _____

SPRINKLER SYSTEM

Will a Sprinkler System Be Installed? Circle ☐ Yes ☐ No

DEMOLITION

Describe Structure That Is Being Demolished _____

Address of Structure _____

SQUARE FOOTAGE

BASEMENT:

FINISHED	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft
UNFINISHED:	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft
GARAGE:	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft

MAIN LEVEL:	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft
	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft

2ND LEVEL:	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft
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3RD LEVEL:	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft
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GARAGE (Carport,) (Drive-Thru)	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft
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PORCHES:	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft
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DECKS:	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft
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PATIOS:	dimensions _____ x _____, _____ x _____, _____ x _____	area: _____ sq ft
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Total Area _____ sq. ft.

Any Additional Areas? ☐ Yes ☐ No (If so, please include on separate sheet)

CERTIFICATION

I hereby certify that I am the owner of record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s). I affirm that the information given in this application is correct at the time of submittal. I recognize any changes to the information given in this application require written notification to the Building Inspections Department.

Signature of Applicant _____

Please Print Your Name _____

Date _____



Franklin County

A Virginia Department of Transportation

120 East Court Street
Rocky Mount, VA 24151
(P) 540-483-3047
(F) 540-483-6665

THIS FORM (BOTH PAGES) MUST BE COMPLETED WITH LICENSED CONTRACTOR INFORMATION.

Date: _____ Job Amount: \$ _____

Applicant/Owner: _____

Job Location: _____

Virginia Board for Contractors Regulations requires work totaling \$1,000.00 or more to be made by licensed Virginia Contractors or eligible exempt individuals. Section 54.1-1111, in the Code of Virginia requires the building inspector or other authority to have the applicant furnish license information or evidence of exemption prior to the issuance of the building permit.

The provisions of this section apply to Owners acting as general contractors, General Contractors, Sub-Contractors, Builders and Developers, Tenants and other persons applying for permits. This form is to be completed and returned along with your permit application.

*If any below fields are not applicable, please designate those fields by indicating "n/a".

I, the undersigned, declare under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

 (Signature)

 (Title)

MECHANICS LIEN AGENT

Business Name: _____ Phone: () _____

Business Address: _____
 City: _____ State: _____ Zip Code: _____

GENERAL CONTRACTOR

Name: _____ Type of Work: _____

Address: _____ Phone: () _____
 City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____
 Expiration Date: _____

ROSTER OF SUB CONTRACTORS
(List information as it appears on the contractors license)

Name: _____ Type of Work: **FOUNDATION**

Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____
Expiration Date: _____ Value: \$ _____

Name: _____ Type of Work: **PLUMBING**

Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____
Expiration Date: _____ Value: \$ _____

Name: _____ Type of Work: **ELECTRICAL**

Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____
Expiration Date: _____ Value: \$ _____

Name: _____ Type of Work: **HVAC**

Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____
Expiration Date: _____ Value: \$ _____

Name: _____ Type of Work: **GAS FITTER**

Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____
Expiration Date: _____ Value: \$ _____

Name: _____ Type of Work: _____

Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____
Expiration Date: _____ Value: \$ _____



Department of Building Inspections

NOTARIZED AFFIDAVIT

This form is required prior to issuance of permits for new residential dwellings, non-residential structures or demolition of residential or non-residential structures.

Date: _____

Print Owner/ and Co-Owner(s): _____
(All owners of record required to be listed)

Parcel I D #: _____

District: _____

Please accept this letter as authorization to issue a building permit to my direct agent

Name: _____

Address: _____

Phone #: _____

for construction of a structure on the above reference parcel.

Any changes to this direction shall be required in writing and delivered to the above noted Franklin County Building Inspections Department.

Signature of Owner/ and Co-Owner(s) _____
(All owners of record required to sign)

The foregoing instrument was acknowledged before me this _____ day of _____,

_____.

Notary Public: _____

My Commission Expires: _____

November 1, 2007

120 EAST COURT STREET • ROCKY MOUNT, VIRGINIA 24151 • (540) 483-3047 • FAX: (540) 483-6665